

I hope that we will pass these new patients' rights protections today. But these rights are meaningless without the ability to enforce them. The Ganske-Dingell Patients' Bill of Rights is the only measure that protest these rights.

The so-called compromise, hastily crafted by the President and Mr. NORWOOD, renders these rights hollow. It effectively eliminates any incentive for HMOs to put the care of patients first. The limited damages that could be awarded once a HMO is found liable for the actual injury or death of a patient are not effective checks on irresponsible conduct. They are financially inconsequential compared to their enormous profit margins. It is the equivalent of a slap on the wrist.

Americans deserve better. They deserve the rights that we have promised them and an avenue of recourse when those rights are violated. I urge my colleagues to support the real Patients' Bill of Rights, not a skeleton of what could have been.

Mr. THORNBERRY. Mr. Chairman, I will vote for the Patient Protection Act legislation that the House is considering.

I voted for a similar bill two years ago because I believe that if an insurance company makes health care decisions like a doctor, it should be held responsible like a doctor. I still support a responsible patients rights bill.

We are all aware of the concerns over this measure: concerns that it could drive up healthcare costs, encourage more litigation, and result in even more people becoming uninsured, particularly in rural areas. I am especially concerned about how this bill will affect patient protection laws that have been enacted in Texas and other states around the country.

While I am not satisfied that this measure, as written fully addresses my concerns, I will vote for this bill to move it to Conference where, hopefully, many of these problems can be resolved. I stand ready to vote against the measure when it returns to the House floor if this does not occur.

It is my sincere hope, though, that this will not happen, and we will be able to reach agreement on a bill that responsibly strengthens patients' rights which the President will be able to sign into law.

Mrs. MALONEY of New York. Mr. Chairman, I rise in strong support of the Patients' Bill of Rights. It is a measure that embodies much of the spirit of our original Bill of Rights. It improves the lives of millions of Americans by guaranteeing their basic rights as health care patients. The Bipartisan Patient Protection Act enjoys strong support from the American people and grants all 167 million privately insured Americans the fundamental protections they deserve.

The bill we are debating today, H.R. 2563, was forged by the hard work of Messrs. DINGELL, GANSKE, NORWOOD, BERRY and many others. The base bill will make the health of patients, and not the wants of managed care insurers, the top priority. If a patient is harmed by HMO negligence, he or she should be able to seek legal redress; under this legislation the patient will be able to do just that. The Patients' Bill of Rights will guarantee these protections and do much more to improve the lives of millions of our citizens—all without increasing healthcare costs significantly.

We also have before us three amendments. They are three amendments that are poison pills to the underlying bill and I cannot support

them. The Norwood amendment weakens the strong and sensible Dingell-Ganske bill. It holds HMOs to a lesser standard than doctors and hospitals and it undermines state patient protections. The Thomas-Fletcher amendment fully expands Medical Savings Accounts and would allow associations to offer health insurance to their members without critical state insurance standards. This amendment could actually cause more people to become uninsured. The Thomas-Boehner amendment preempts state medical malpractice and tort law. The bottom line: these amendments do not strengthen the base bill, but weaken it. If these amendments pass, I will vote "no" on final passage.

Protecting patients' rights inherently benefits women and their families because women are the primary healthcare consumers. More specifically, the underlying legislation gives American women direct access to an obstetrician-gynecologist and gives families direct access to specialists, such as pediatricians, without a referral. Women need regular, accessible OB/GYN care. They do not need the added expense and hassle of having to get a "permission slip" from their managed care insurer.

I am fortunate to represent a state that has enacted very comprehensive regulations that mandate direct-access to OB/GYNs without a gatekeeper's pre-approval. But, the Norwood amendment would roll-back state protections. I support the underlying bill because we must have a federal standard. Why? Look at the numbers: 15 states limit the number of times a woman see her OB/GYN; another 12 prohibit or restrict a woman's direct access to follow-up care, even if this care is covered by her health plan; and a full 38 prohibit or restrict an OB/GYN's ability to refer a woman for necessary OB/GYN-related specialty care.

Obstetric and gynecological care is integral to women's health. As things stand now, women in some states receive better care than others. It's time we made direct access to OB/GYNs a fundamental patient protection enjoyed by all women enrolled in managed care plans.

The Bipartisan Patient Protection Act protects the health and well-being of not just women, but all Americans. Every American will have the right to choose his or her own doctor, and will not be forced to see one chosen by an HMO bureaucrat. Under this legislation, doctors, not health insurance companies, will decide which treatments, procedures and specialists are necessary.

In addition, the legislation—absent any amendments—will give patients the peace of mind that all external reviews will be conducted by independent, qualified physicians. If a plan denies coverage, the patient will be able to appeal the decision to a doctor, not an insurance clerk. And if the plan continues to deny coverage, the patient can demand a review by an unbiased, independent medical specialist, whose decision is legally binding.

Imagine if you or someone you love is injured by the decision of an HMO. It is only fair that he or she should be able to hold that HMO accountable. We would all rather get the care we and our families need to begin with than go to court in the end, but we should have the right to do so if administrative course of redress are exhausted. Under the Dingell-Ganske bill—absent any amendments—disputes involving medical judgments will be subject to applicable state laws; if the case involves an adminis-

trative benefit decision, the patient will be able to seek limited compensation in federal courts under federal law. Employers need not fear this bill. They will be protected from liability in either federal or state courts, unless they directly participate in a decision that causes irreparable harm or death. Indeed, employers can completely ensure that they will be fully protected from liability by choosing a "designated decision-maker" to assume all liability.

The critics of the Bipartisan Patient Protection Act also claim that these common-sense liability provisions will cost too much. In fact, the Congressional Budget Office reported that the liability provisions will cost only about 23 cents per employee per month. The entire bill is projected to increase premiums 4.2% over 5 years. That translates to a mere \$1.20 per month. Isn't quality, protect healthcare worth the added price of a cup of coffee?

By allowing direct-access to OB/GYNs and pediatricians, authorizing physicians and not HMOs to make medical decisions, and establishing avenues for legal recourse, the Bipartisan Patients Protection Act puts the health of patients first. It will make a real difference in the quality of lives of millions of Americans. And that is what the work we do here is all about.

I urge my colleagues to vote against the three poison pill amendments and for a clean Dingell-Ganske-Norwood-Berry bill.

Ms. ROYBAL-ALLARD. Mr. Chairman, I rise in reluctant opposition to the Ganske-Dingell-Norwood-Berry Patients' Bill of Rights.

We missed an enormous opportunity today, because H.R. 2563—the Ganske-Dingell bill—could have been the giant first step to bring much-needed reform to our current health care system.

Simply speaking, the current system is stacked against patients, placing important decision-making authority in the hands of corporate bureaucrats. Today, we had the opportunity to give back the power to patients and their doctors.

Instead, the Republican-controlled House chose to adopt changes that have put patient protections in jeopardy. By stacking the deck against patients in the appeals process, and by placing caps on damages, we avoid providing any meaningful remedy to those who are injured by a negligent HMO. We essentially turn the system on its head and assume that the doctors and patients are the guilty ones, unless they can prove otherwise.

Mr. Chairman, I represent a district that is 87% Hispanic. Recent studies tell us that two-thirds of privately insured Latinos are enrolled in managed care. The Ganske-Dingell-Norwood-Berry reform bill could have had a tremendous positive impact on my constituents. And it could have helped ensure that people across the country, such as my constituents, had better access to prescription drugs, emergency care and medical specialists. But we have fallen short today.

I certainly hope that at conference we can make improvements to this bill that will put patients before the insurance companies. If we succeed in addressing the unfairness in this bill, we can then take the next step to address the needs of countless numbers of low-income workers who have no health coverage whatsoever; and the 1.2 million eligible adults and children in California who, according to a recent article in the Los Angeles Times, do not access California public health care programs.